STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G658	A. BUILDING _____ B. WING _____	R-C 01/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	3335 SANIBEL DR FORT WAYNE, IN 46815

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS	{W 000}		

This visit was for a Post Certification Revisit (PCR) to a PCR completed on 9/24/14 to a PCR completed 8/12/14 to a PCR completed on 5/16/14 to the investigation of complaint #IN00145521 completed on 3/21/14.

This visit was in conjunction with the investigation of Complaint #IN00157668.

This visit was in conjunction with the post certification revisit (PCR) to the investigation of Complaint #IN00154715 completed on 9/24/14.

This visit was in conjunction with a post certification revisit survey (PCR) to a PCR completed on 9/24/14 to a PCR completed 8/12/14 to the fundamental refortification and state licensure survey completed on 5/16/14.

Complaint #IN00145521: Corrected.

Dates of Survey: January 9 and 15, 2015.

Facility number: 001195
Provider number: 15G658
AIM number: 100474580

Surveyor:
Susan Reichert, QIDP

Voca Corporation of Indiana was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the PCR to the PCR to the PCR to the PCR to the investigation of Complaint #IN00145521.
Quality Review completed 1/22/15 by Ruth Shackelford, QIDP.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G658	A. BUILDING _____ B. WING _____	R-C 01/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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